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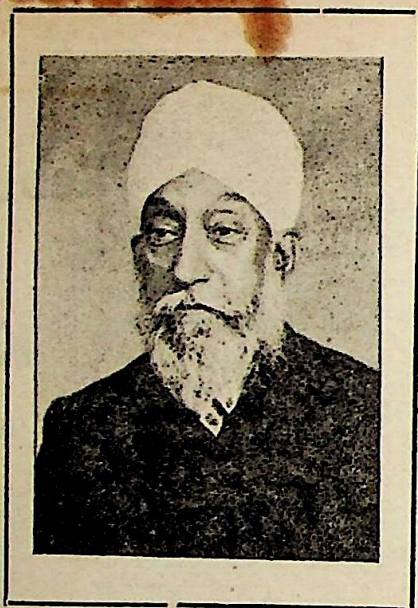
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What your kidneys are, what they do in your body, and what you can do to prevent and cure the common serious diseases which

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may affect the kidneys, is told by Dr. Singh in this instructive essay.

Herein you'll find details of the simple, natural methods of healing sick kidneys, and also a number of scientifically planned, tried diets for the rebuilding and revitalizing of sick, broken-down kidneys.





New Nature Cure Research Series No. 35

# REBUILDING SICK KIDNEYS

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## REBUILDING SICK KIDNEYS

**M**IDDLE AGE is a favourite time for kidney troubles to make their appearance. It is the time when errors in personal hygiene begin to take their toll on health. The tissues are beginning to lose their elasticity; they are less capable of responding to stresses and strains. Coupled with this slight natural decline, is an unfortunate tendency on the part of many people to relax from the discipline of keeping fit. They are apt to eat too much and exercise too little. They become stout. The excretory activities of the kidneys are likely to be overtaxed.

So it is to people in the dangerous middle years of life that I want especially to bring this message: Kidney troubles can be prevented. Kidney troubles can be overcome!

### Two Kidneys

Wise Nature has provided us with two kidneys so that if one is injured, the other can carry on. The kidneys are located high up in the back of the abdomen, one on either side of the spine. The substance or tissue of the kidney is made up of several million very tiny tubes, each of which has a head like a small goblet. These little tubes, or tubules, are all arranged in orderly fashion so that the termination of each one ends in a cavity in the kidney called the pelvis. The blood circulation in the kidney is very intricate. This is because the arteries twice break up into capillaries (minute blood vessels) — once around the heads of the tubules and again around the tubules themselves.

### Kidneys as Filters

The kidneys are what is known as excretory glands; that is, they are glands that take waste products out of the blood. In the body we have both secretory and excretory glands. The secretory glands manufacture substances that are of use in the body, while the excretory glands pass off the wastes.



The excretion of the kidney is called urine. Urine consists of water, salts and the by-products of cell metabolism — that is, the wastes that the cells of the body have thrown off in the process of breaking down and building up— and any soluble poisons or extraneous matter that is found in the circulation. The water and soluble salts are taken out of the blood in the kidney at the head of the tubule, called the capsule, while the more solid portions are extracted by the cells of the tubule proper. All of this material—salts, water and solids—is drained into the cavity of the kidney. From that point it is conducted by tubes called ureters into the bladder, and by this organ expelled from the body.

In the healthy kidney all the matter accidentally filtered out which the body cannot afford to lose, such as water, calcium, phosphorus, sodium, and other minerals, as well as sugar and albumin are again taken up by the blood. More than 600 quarts of blood flow through the kidneys every day. The glomeruli extract about sixty quarts from it and then put back all but about two quarts which are finally passed into the ureter for elimination. It is this continuous purification which keeps the blood in a healthy condition, taking poisons out of it and seeing that it retains all the necessary food materials.

We can say that the kidneys are in the nature of filters. Their function is to extract waste material and poisons from the blood. If we understand how the kidneys work, it will be easy to see why they become disordered, and how to keep them functioning properly. As sewers and incinerators serve as channels for the waste products of a city, so the kidneys sift through the waste products of the human body. The foods we eat are converted by means of chemical changes into substances needed by the cells, tissues, and organs, and the wastes which must be eliminated pass out from the tissues into the blood. This blood enters the kidneys through a huge blood vessel called the renal artery, and then moves through the mesh of tubules of the kidney at high pressure, when the water, urea, uric acid, salt and creatinin, the main waste products of the blood, are squeezed out of it.



## Changes in Kidneys

Kidneys are subject to the same circulatory and tissue changes that occur in any other organs or parts of the body. These changes range all the way from simple, acute inflammation through the stage of chronic congestion to degeneration of the tissues, atrophy (shrinkage), abscesses (pus formation), stones and similar symptoms. Kidneys do not become immediately infected. If pus forms in them it is a foregone conclusion that a degenerative process, a breaking down of the tissue, has preceded it. If the kidney substance turns to fat, it indicates that a long process of disease has gone before.

Kidney disease usually begins with an inflammation of the kidney tissue. With all the exacting work that has been placed upon the kidney, and with the many irritants and poisons that pass through it, there may come a time when it may break down or be overwhelmed and unable to withstand the strain placed upon it. Then some inflammatory condition takes place in the masses of capillaries or small blood vessels in the kidneys, or some degeneration takes place in the tubules or in the blood vessels leading to the kidneys. These may be distinct types or they may merge to include involvement of two or all of the functional segments.

## Nephritis or Bright's Disease

This inflammatory condition known as **nephritis**, or more commonly, as **Bright's disease**, keeps the kidney tubes from doing an efficient job of filtering, so that they may not restore the albumin to the blood, and instead let it pass out with the waste matter. Richard Bright, after whom Bright's disease is named, discovered this more than a hundred years ago, and physicians since then have ordinarily been able to detect kidney trouble by a test which shows how much albumin is present in the urine.

Nephritis is a disease that may be either acute or chronic. In *acute nephritis*, the end products of protein metabolism are not excreted as well as normally. Water elimination is impaired, and the urinary output decreases markedly. Generalized oedema, which is the result of water and sodium retention in the tissues,



makes its appearance. Not infrequently, cardiac failure complicates acute nephritis and increases the tendency toward oedema formation.

Usually this kidney inflammation starts as a result of some disease in another part of the body and the kidneys become involved by way of the blood stream. It often follows such diseases as scarlet fever, influenza, tonsillitis, pharyngitis, sinusitis or some chronic poisoning from the teeth, tonsils, gall-bladder or prostate.

Inflammation of the kidney frequently begins without any pain. The first symptoms of it may be simply a general "out of sorts" feeling, un-explainable fatigue, dull headaches, slight puffiness of the eyes, or a poor appetite. When these signs are neglected and the disease becomes more advanced, there may be dizziness, nausea, vomiting, severe headache, shortness of breath, swelling of the feet and arms.

In *chronic nephritis*, the kidney loses its concentrating powers and, therefore, puts out a larger volume of urine in order to excrete nitrogenous waste products adequately. The blood pressure is elevated, and cardiac failure, with oedema, ensue in the terminal stages. Typical signs telling one that he or she has nephritis are dropsy, albumin and other changes in the urine, increased urination, retention of nitrogen (as ammonia) in the blood, increased blood pressure, and secondary changes in the heart and lungs.

Of these, dropsy, or watery swelling in the extremities, is the outstanding sign. There is a puffiness in the tissues, with pitting on pressure; there is evidence of free fluid in the serous cavities, and there is also an increase in the passage of urine, which contains on examination, albumin, white blood cells and casts or portions of the lining membrane of the kidney tubules. All this brings on alterations in the vascular system, resulting in increased blood pressure and a beginning of hardening of the kidneys themselves.

### **Classical Symptoms of Acute Bright's Disease**

The following in brief, may be stated to be the classical symptoms of acute Bright's disease :—

1. Puffiness of face.



2. High coloured scanty urine which contains albumin, blood and tube-casts.
3. Dull pain on the loins.
4. Vomiting may be present.
5. Temperature is high, generally in children.
6. Subsequently, hardness of pulse and general anasarca ensue.
7. In later stages, dropsy and anaemia are well marked. The visible characters to the disease—the bloated pallor and the water-logged carcase—are very characteristic.

### **Nephrosis or Chronic Tubal Nephritis**

A degeneration of the tubules of the kidney, known as **nephrosis**, is produced by bacterial toxins such as the tubercle bacillus, the diphtheria bacillus, the typhoid bacillus and the colon bacillus, by poisons due to metabolic changes, such as those developing during pregnancy, and by inorganic poisons such as bichloride of mercury.

In the *nephrotic stage* of nephritis, plasma proteins are depleted through the loss of great amounts of protein in the urine. The lowered colloid osmotic pressure of the plasma causes the retention of water and sodium salts in the tissue spaces. This retention is clinically apparent as oedema.

In the beginning, nephrosis may be of a mild character and not recognized by the patient. He may not be aware even that there is anything the matter. There are few changes to be found in the urine. Albumin is practically the only change. The blood pressure is normal in this condition, the heart is not affected and there is no oedema or swelling. If this condition persists, however, all these above symptoms result because of injury to the kidneys and a serious situation develops, with secondary affects upon the other organs.

### **Classical Symptoms of Nephrosis**

Following an acute nephritis, nephrosis may present in a modified way, the symptoms of that affection; in many instances nephrosis sets in insidiously.



1. Symptoms of acute Bright's disease.
2. Uraemic symptoms are common though convulsions may be absent.
3. Heart may or may not be enlarged.
4. Tension of the pulse is usually increased.
5. Gastro-intestinal symptoms are common.
6. Retinal changes may be present.
7. Temperature is generally normal.

### **Renal Sclerosis or Chronic Granular Nephritis**

A complication which often occurs in middle-age, along with high blood pressure and hardening of the arteries, is **sclerosis**. In a sclerotic or hardening condition, there is degeneration of the blood vessels, involving even the general circulation. It is of toxic origin and often due to a disturbance in the acid-base balance of the diet. This is a disease that is also mild in character in its early stages and therefore the patient may be unaware of its existence. Hypertension is the chief symptom. High blood pressure, which may be caused by excessive meat eating, chronic constipation, local infections in other parts of the body, or even mental strain, is often the first warning symptom of this type of kidney disease. This condition never exists with a normal kidney, and whenever there is a hypertension there must be some hardening of the kidney itself.

The symptoms of this disease are similar to those of hypertension. The skin takes on a reddish hue and is commonly florid, and there are head noises and headaches, nervousness, dizziness, sleeplessness, loss of strength, spots before the eyes or nose bleed. As a terminal result of this disease, haemorrhage into the brain occurs, with paralysis of some of the vital organs, and death. The urine in this condition is within normal limits. If the disease is complicated by nephritis or nephrosis, the urine takes on the characteristics of these conditions, and there may be albumin, casts, white blood cells and other abnormal characteristics.

The effects of excess emotionalism must not be underestimated. Constant worrying, violent fits of temper, grief, or any mental



trouble leads to an over-secretion of the adrenal gland, which powerfully stimulates the heart and raises the blood pressure. Some people are literally poisoned by their emotions, and the result is high blood pressure, hardening of the arteries, and chronic kidney disease. With high blood pressure other symptoms appear in sclerosis.

### **Classical Symptoms of Sclerotic or Chronic Granular Nephritis**

There may be no symptoms whatever to suggest to the patient the existence of a serious malady. The only safe rule is to examine the urine carefully in every case.

1. Excessively increased urine of low specific gravity, occasional long hyaline or granular casts, polyuria and mere trace of albumin.

2. Dropsy is usually absent.

3. Breathlessness on exertion.

4. Pulse of increased tension, hard and incompressible.

5. Heart is affected :

(a) hypertrophy of left ventricle;

(b) the second sound at the aortic area is ringing in character and is accentuated—a very characteristic sign of increased tension;

(c) the apex beat of the heart is dislocated to the left.

6. Severe vomiting or diarrhoea may be the first sign.

7. Symptoms of cerebral and mental degeneration may appear :

(a) acute transient delirious mania, an acute toxæmia or uraemic insanity;

(b) a progressive cerebral degeneration with chronic renal disease as the primary cause.

8. Cerebral apoplexy, epistaxis (nose-bleed), retinal hæmorrhages, etc.

9. A bluminous retinitis is a complication during the late



stage of the disease. The cardinal symptom is sudden dimness of vision.

10. Eczema is a common accompaniment.
11. Temperature—usually normal.
12. Appearance—pale and anaemic.
13. In later stages when the heart fails, the quantity of albumin may be greatly increased.

This type of kidney disease is the anatomic counterpart of essential hypertension. Hypertension, nitrogen retention and excessive urination (polyuria) are the main factors, and if oedema occurs, it is due to heart failure rather than to the kidney damage.

### **The Terminal Phase—Uraemia**

The kidney of renal sclerosis becomes increasingly inefficient, and the time ultimately arrives when a severe form of poisoning called **uraemia** can be held off no longer. Dietary precautions should be started early and continued persistently in order to prevent the occurrence of uraemia as long as possible.

It is not known exactly how effective diet restriction is in forestalling uraemia, but it is believed that a great deal can be done by judicious dietary management. When the period of impending ureamia arises, acidosis develops.

Important factors in dietary treatment or management of renal sclerosis are :

1. Protein : low.
2. Calories : low.
3. Alkaline ash rather than acid ash.
4. Salt : low.
5. Fluids : adequate (2,000 cc. or more a day).
6. Vitamins : high (emphasis on vitamin B).

If the disease is not properly taken care of at this stage, a severe form of uraemia may arise, which may prove fatal. This condition calls for immediate supervised treatment—the patient should be kept in bed, warm blankets should be applied, hot packs given to produce sweating, the heart is protected as



seems necessary, liberal amounts of hot water should be given by mouth, and in case of convulsions other suitable treatment given without delay.

### **Classical Symptoms of Uraemia**

Uraemia may be defined as a toxic condition arising usually in cases of acute or chronic kidney disease. This is generally due to retention of, or intoxication by urine as a whole. It occurs when there is a deficient elimination of urine. The nitrogenous waste products in the body are retained, and there is a depletion of the alkaline reserve as a result of the failure of the kidney to maintain the proper acid-base balance. Its chief symptoms are—

- (1) Clonic convulsions; muscles are alternately relaxing and contracting.
- (2) Unconsciousness.
- (3) Expiration ends in a peculiar whistling noise.
- (4) Coma supervenes.

In addition, there may be continuous or paroxysmal dyspnoea (breathlessness), vomiting, hiccup, and profuse diarrhoea with ammoniacal smell.

### **Prodromata or Premonitory Symptoms of Uraemia**

The following are the premonitory symptoms which forewarn that an attack of uraemia is imminent. Necessary precautionary measures should be adopted immediately as soon as any of these symptoms are noticed.

1. Headache, especially occipital.
2. Nervous complaints, e. g.—
  - (a) Cramps in legs, muscular twitchings.
  - (b) Numbness or tingling in limbs.
  - (c) Paralysis.
  - (d) Blindness or disturbance of vision (uraemic amaurosis).
  - (e) Deafness.
  - (f) Dizziness.



3. Foetor in breath; uriniferous odour.
4. Foul tongue.
5. Loss of appetite.
6. Drowsiness.
7. Itching of skin (the result of natural excretion of urea through sweat glands).
8. Pulse—slow.
9. Temperature—subnormal.

### **Treatment of Uraemia**

Both in acute and in chronic nephritis, the treatment of uraemia is, of course, to prevent the occurrence of a serious uraemic state. When convulsions and coma have developed, death is almost inevitable.

A uraemic condition calls for immediate attention and care. Elimination is, of course, the proper means of treating uraemia. To mitigate the uraemia as early as possible, and to get over the convulsions, the blood has to be purified by promptly evacuating the uraemia-producing poison from the system by—

- (1) Free watery purgation; and
- (2) Free, profuse sweating.

Water, preferably hot, should be taken freely and frequently. Diuretics are not indicated, as Nature is already producing diuresis and the patient is passing more water than normal. Free purgation shall occur by taking the "Imperial Drink" which consists of a drachm of acid potassium tartarate, a grain of saccharine and three minims of oil of lemon to a pint of boiling water; it should be drunk cold.

The taking of large quantities of fluids as a means of increasing elimination and of diluting toxic substances, is probably the best procedure, because increased fluid intake is needed to offset fluids lost in purgation and in sweating. Increased fluid also causes diuresis, favouring elimination of toxic substances, and even though no diuresis takes place and water is stored temporarily as oedema, the toxins are diluted



and later, when the crisis has passed, the oedema so produced disappears.

Free sweating or diaphoresis should be induced by—

- (a) Hot air bath, or
- (b) Hot bath, or
- (c) Vapour bath, or
- (d) Electric light bath, or
- (e) Hot blanket pack.

In all these heating procedures, keep the head cool by applying ice to the head and neck during the bath. As the patient may be completely bed-ridden, the hot blanket pack may be the treatment of choice; the pack is a vigorous sweating measure and is especially useful in uraemic poisoning, in convulsions of uraemia, and in acute Bright's disease. The application should be preceded by an enema of one pint of water containing a teaspoonful of baking soda; this is to be retained and absorbed. During the bath or the pack, or just before it, a glass or two of plain lemonade or lemonade containing a teaspoonful of baking soda should be given. These help to start the sweating, and the flow of sweat is much increased.

The hot blanket pack is also very useful in relieving the pain of kidney stone colic. Much less or no morphine will be required. For this purpose the pack may be applied to the trunk only — Hot Trunk Pack.

The occurrence of epistaxis or nose - bleed in uraemia is Nature's method of lowering blood-pressure. It is, so to speak, a safety valve, and it will do the patient good rather than harm.

The diet in uraemia should either be limited to milk, or one of the diets out-lined on page 24.

### **The Kidneys and the Liver**

The kidneys are secondary organs—that is, they depend upon another organ, the liver, to arrange the waste for their convenience in eliminating it from the blood. If for any reason the liver function is below par, kidney operation will be greatly hampered. The liver and kidneys are the two organs principally engaged in taking care of the wastes, in neutralizing them and



getting rid of them. And the wise physician watches for clogging of the liver and kidneys as the wise chauffeur watches for the accumulation of carbon in the cylinders of the automobile he is driving.

The kidneys are chemical separators; blood reaches them with undesirable matters dissolved in it, and goes away again cleansed of these impurities while the poisonous wastes are guided safely out of the body. The liver can be called a chemical accomplice of the kidneys; it takes the waste products in the blood, reacts upon them, converts them into other substances that can be easily handled by the kidneys and separated for elimination.

### **Salutary Plan of Nature**

Living cells are continuously throwing off into the blood stream a very dangerous by-product, ammonia. This substance is produced by the activity of the various body tissues and organs. It has an irritant action on nerve centres to produce convulsions, and is therefore definitely harmful. When the blood surcharged with ammonia passes through the liver, the ammonia is converted into urea, a comparatively harmless substance. This is particularly important just after a meal, for the digestion of proteins produces large quantities of ammonia in the blood, which are carried directly to the liver and the ammonia is changed into urea before it can do any harm or injury to any other part of the body. This is a most salutary plan on the part of Nature, preventing serious disturbances to the nervous system. The liver is truly a censor over the blood that leaves the intestines after a meal, detecting and modifying poisons so that the kidneys can get rid of them.

The kidneys also censor the blood that passes through them, but they go further and remove the undesirable waste by-products. While the liver neutralizes these, and does nothing else, the kidneys expel them.

### **The Chief Causes of Kidney Trouble**

There are two chief causes of kidney trouble. One is the presence in the blood of extremely irritating material such as the products of acute infectious diseases like diphtheria, or scarlet



fever, or metallic poisons such as mercury, lead, arsenic or iodine, or organic poisons of food decomposition absorbed directly from the intestines. The other cause is the presence in the blood of excessive amounts of the normal body wastes, improperly arranged for the kidneys' action by the liver.

When we eat an excessive amount of protein foods like meat, fish and fowl, eggs, cheese, dried peas, beans, legumes, pulses and mushrooms, whatever the body cells cannot use is turned into acid, irritating waste. It is the work of the liver to so change all of this acid waste as to render it non-irritating. As long as the liver can do this the kidneys will not be over-burdened. But the liver, like all other organs of the body, is capable of only so much work. Taxed beyond its limit of work, the liver is bound to fail. When this happens, all these protein wastes remain in the blood as active irritants. The damage ensues to the kidneys, for when the liver has failed they are called upon to extract these products from the blood—a task for which they are ill-fitted. That is why we must first consider the liver. Give the liver a rest, restore it to normal, natural functioning, and the kidneys will be relieved automatically.

### **Liver Our Friend in Treating Kidney Disease**

The liver is our best friend in correcting kidney disorders. It might be well, therefore, to go a little deeper into its functions. The diet scheme herein outlined will then have greater meaning.

The liver has a double duty to perform. In the first place it arranges all of the food material absorbed from the digestive organs into a form suitable for use by the cells of the body. In the scheme of circulation, the blood absorbs food products from the digestive organs and is then brought to the liver through the portal vein. This vein breaks up into capillaries (minute blood vessels) in the liver. The liver cells act chemically on all proteins and sugars. The result of this action is that these nutrients are changed into forms easily assimilated by the cells of the body.

But the liver also takes all the waste generated in the process of food metabolism, relieves it of its poisons, and then



converts it into soluble substances which can be readily eliminated by the kidneys. If this latter function is incompleted, it is easy to see why the kidneys become irritated. By cutting proteins and starches out of your diet, you give the liver a rest from one branch of its work; it can then give all of its attention to the proper handling of the waste products. And as these waste products are rendered non-irritating, and are gradually drained from the blood, the kidney congestion is bound to subside,

### **Kidney Disease—A Surprise for the Patient**

In most cases the kidney disorder is somewhat advanced before it is discovered. Probably the individual goes up for a life insurance examination, and the examining physician finds albumin in the urine, with perhaps pus, blood and casts. The life insurance company will not take him as a risk because they know his life expectancy is very poor. According to their tables he is not going to live very long and to insure his life would be taking too great a chance with their money.

He is, of course, surprised. Probably the condition has not reached that stage where he is suffering to any extent from toxæmia ( blood poisoning ). When the condition is explained to him he cannot realize that he brought it about all by himself with his knife and fork. He cannot see that years of eating too much proteins and starches caused the kidneys to break down. The cells forming the head of the tubule, the capsule, give way as the result of chronic congestion and pressure. And then the serums of the blood leak out into the urine. It is like the bursting of a dam.

The condition is often associated with high blood pressure because it is one of those disorders which lead to a deposit of lime salts in the arteries and cause their hardening. Unless some natural corrective measures are instituted, the death certificate will probably read — " cardio-vascular-renal degeneration. " A long name, but it describes the condition — a degeneration of the heart, blood vessels and the kidneys.

### **Healthy Kidneys Through Correct Living**

Adults can keep their kidneys healthy by correct living



habits, paying particular attention to diet, since a diet which contains too much animal protein is especially harmful to the kidneys. Milk and vegetable protein may both be taken in reasonably large quantities without doing harm, but such foods as meat should be carefully limited. Meat, fish, eggs, spices, and salt, and starches such as potatoes and cereals (milled rice and fine flour especially), macaroni, cakes, tend to hurt the kidneys if there is too large a proportion of them in the menu. The sufferer from kidney trouble should avoid them until his condition improves. Those with normal kidneys should balance these foods with plenty of milk, vegetables, and fruits to keep their kidneys healthy.

Regular exercise also helps to keep the kidneys well since it speeds up the circulation and causes the waste products to be washed out of the tissues. Unhealthy skins and sluggish bowels throw additional work on the kidneys. Excessive use of alcohol is also a frequent cause of kidney disease. Those who have not been left with weak kidneys by some serious childhood illness should have no reason to fear kidney trouble if they have been living a wholesome life and eating the right foods.

### **How to Treat Acute Bright's Disease**

In the treatment of acute Bright's disease, the following golden rules should be remembered :

1. To abate renal hyperaemia;
2. To avoid renal irritants; and
3. To give physiological rest to the kidneys.

These objectives are best achieved by—

(a) Maintaining an abundant flow through the tubes : For this purpose distilled water, barley water, lemonade are recommended. "Diuretics should not be given as they harm the kidney" — Hale White of Guy's Hospital.

(b) Keeping the skin active : (i) Keep the patient in a warm bed in a warm room. There is nothing better for keeping the skin at a uniform warm temperature than bed, and in acute Bright's disease the natural relationship between the skin and the kidneys is particularly delicate, and even a slight cooling of



the skin may greatly increase the renal disease. The stay in bed should be absolute until a week after the albumin has disappeared.

(ii) Increase the flow of sweat by — Hot drinks, hot soda, hot lemonade, and by hot baths or hot air baths or a hot wet sheet pack. Wrap the patient in a sheet which has been wrung out of warm water, then cover it with several blankets. After 20 minutes, remove the sheet, dry the patient, and then wrap in more hot blankets.

(iii) Keep the bowels free.

When the legs are affected and there is marked oedema of legs, horizontal posture must be strictly maintained, and periodical hot air baths may be given to the legs which will prove helpful. Puncture of the legs should be avoided.

In cases of headache, give the patient a hot bath and then keep him, if possible, in a quiet, dark room.

For suppression of urine, use dry cupping on the loin, and hot fomentation with bran poultices.

In cases of sleeplessness, hot foot bath just before going to bed and wrapping the feet in warm blankets so as to further maintain the freedom of circulation, are recommended. Sleep-producing drugs should be avoided as they may lead to haemato-porphynuria (Hale White). Also avoid opium.

### **Milk Diet in Acute Bright's Disease**

The best diet to give in acute Bright's disease is milk. Milk is the staple food; it is milk and nothing but milk in some form that should be the standard diet. The advantages of this are—

- (a) Milk does not irritate the kidneys.
- (b) Milk is particularly suitable for fevers.
- (c) Milk is easily digestible.
- (d) Milk washes out the renal tubules and so get rid of all the epithelial debris that blocks them.

— Nathnagel's *Encyclopaedia of Practical Medicine* — Kidney, page 204



Avoid meats, alcohol, opium, too much water, salt and salted food. Prof. Von Noorden remarks that copious water-drinking should be avoided in acute and sub-acute nephritis — conditions in which the kidneys require as much rest as can be obtained with safety to the rest of the body.

As convalescence is established, fruits, e. g. , grapes, oranges, pomegranates, may be taken, gradually adding chapatis, dhal soup and vegetables.

### **Laddus of Rice and Black Til**

Laddus made of rice and black til are said to be specially useful in speeding recovery during convalescence. They are prepared as follows :

Take equal parts of rice and black til; fry them separately and then mix them together. Make into small laddus or balls ( about 60 grams ) with the help of a little honey. Take one or two such laddus twice a day, morning and evening, with one or two bananas.

Adopt a diet that does not put strain on the kidneys, e. g. , milk, milk food, bread, oatmeal porridge, rice, well-cooked tender vegetables and properly cooked fruits. Eggs and meats are best avoided altogether, and all nitrogencous foods like pulses, hard cheese, nuts, etc. , which supply the bulk of the renal excreta, should be reduced to the lowest amount compatible with health.

### **A Not Too Well-Known Fact**

Dr. F. M. Thornhill emphasizes the fact, not too well-known, that the ability of the kidneys to eliminate poisons is greatly reduced in the various forms of Bright's disease, though it is not often a cause of death. A man can live so long as there is left in him the equivalent of two-thirds of one kidney. But when degeneration of the kidneys has gone so far that the amount of kidney tissues is reduced to less than this the patient dies from the accumulation of poisons in his blood and tissues. From these facts it is evident that foods which contain urea or uric acid, and foods which give rise to these excretory substances, should be carefully eliminated from the dietary of persons suffering from Bright's disease. By this means the kidney



collapse is postponed. Dr. Thornhill advises the entire disuse of meat of every sort, also eggs, and recommends a diet consisting of cereals, fruits, fresh vegetables, with milk and cream. It may be added that buttermilk in such cases is preferable in every way to ordinary milk.

### Ideal Diet Menus for Nephritis or Bright's Disease

Diet plays an important part in the role of Bright's disease. We give herewith two ideal diet menus for such conditions ..

At	(1)	(2)
6 a. m.	A glass of warm water with juice of 1 lemon	A glass of warm water with juice of 1 lemon
8 a. m.	A glass of warm milk or skim milk	Oatmeal porridge and milk
10 a. m.	Banana and milk	Rice and milk.
12 noon	A glass of skim milk or buttermilk	A glass of coconut water or buttermilk
2 p. m.	Fruit juices, e. g., Pomegranate, grapes	A glass of skim milk
4 p. m.	Agar-agar pudding of milk flavoured with rose-water and pul- verised black pepper	Fruits, e. g., apple, pomegranate
6 p. m.	Sooji and milk, or sago and milk	Chapatis of sooji with vegetables and curd or cottage cheese
8 p. m.	A glass of milk	A glass of milk

### Treatment of Chronic Kidney Disease

In the treatment of chronic diseased conditions of the kidneys, they must be considered as a single group and not as



separate entities. That is why we have written about them as cardio-renal diseases, and linked them together as a single group. It is impossible to speak of chronic nephritis without considering nephrosis and sclerosis, for they merge the one into the other. The chemistry involved is so inter-related that it is not possible to outline diet and treat one of the group without taking cognizance of the others at the same time.

The treatment is both general and specific. The general treatment looks after any local or general infections, proper care of the heart, and regulation of the bowels. The specific treatment should aim to correct any renal vascular function, and consist in rest to the burdened tissues. Rest is a prime consideration. The diet should be restricted so as to relieve impaired tissues from any burden that a heavy dietary may impose upon them. Protein should be largely restricted, salt should be restricted, the acid-base ratio should be always balanced, and, if dropsy is present, there should be a restriction of the intake of fluids.

### **Restriction of Protein**

In chronic kidney conditions, the impairment of function produces nitrogen retention, and retention of nitrogen brings on a toxic condition which will progress to uraemia and death unless checked. There is no known medication that will remove this excess nitrogen and it can only be lessened and gradually removed by preventing the entrance of nitrogen into the tissues through the restriction of the protein intake. This gives the injured kidney a chance to throw off the nitrogen wastes at its own rate.

The average adult suffering from cardio-renal diseases requires about 50 grams of protein a day while in bed to maintain the nitrogen equilibrium. Because this adult has an excess of nitrogen bodies in the tissues already, due to retention, the protein intake can be restricted to 30 grams a day, i. e., to as low as 0.5 g. per kg. of body weight, and this will give the tissues an opportunity to excrete the excess nitrogen bodies. When the nitrogen in the blood has reached the normal level, the protein intake can be raised to his requirement on the basis of  $\frac{2}{3}$ rd of a gram for every kilogram of body weight. It is seldom necessary to give more



## **Thumb Rules for Correcting Kidney Disorders**

- 1. Take sun baths and hot Epsom salt baths.**
- 2. Use no salt whatsoever on your food or in cooking it.**
- 3. Confine your diet to certain fresh fruits and vegetables, whole grain breads and cereals, and milk or butter-milk. No other proteins or starches should be consumed. Eat sparingly of such foods as spinach, asparagus, tomatoes, rhubarb and oranges; they have a tendency to form substances which irritate the kidneys.**
- 4. Fast — Either for prolonged periods under expert supervision; for a few days at repeated intervals; or for just one day out of every week.**



than 60 grams of protein a day to the patient even when he is able to walk about and do work. Regarding the kind of protein, the only requisite is that it should be digestible, that is, it should be well cooked to render it digestible and palatable.

### **Restriction of Table Salt**

Table salt is an irritant to the kidneys and is associated with oedema or dropsy, and high blood pressure. Two to four grams a day is sufficient. Any larger amount brings about a burden on the kidneys and blood vessels.

Water and salt can be held in the tissues only as a solution of constant, physiological strength. As long as salt is freely available in the diet, the excess water will be retained. This retention is clinically apparent as oedema. In some cases, the oedema may be latent, manifest only as a gain in body weight which cannot be explained on the basis of increased caloric intake. When the amount of available salt is reduced by proper dietary restriction, the excess water is eliminated and oedema tends to disappear.

The salt content of the diet should be kept low in all forms of nephritis. Whenever albumin is found in the urine, consumption of salt should be restricted, and the patient should be careful not to over-burden the kidneys by using an excessive amount of salt.

When oedema is present, restriction of salt becomes absolutely necessary, and a low-salt diet should be adopted. A diet is considered low in salt if only a sparing amount of it is used in the preparation of food and no extra salt or other condiments are used at the table, when the food is served. Such a diet contains approximately from 2 to 4 grams of salt daily.

In some cases of acute or chronic nephritis with severe oedema, it may be desirable or necessary to adopt a salt-free diet. A salt-free diet is one in which all the food is prepared without salt, and no salt is added at table when taking the food. Such a diet contains approximately 0.5 gram of salt daily.

Two to four grams, or less, of salt is a very small amount and is difficult to supply in any diet, as nearly all items of food contain some salt, while some items contain excessive amount. In furnishing a diet containing two to four grams of salt, or



less, certain foods must be banned entirely, such as : all preserved meats, ham, bacon, corned beef, sausage, dried and smoked fish, all prepared forms of cheese (except freshly prepared cottage cheese or dahi), all prepared cereals, ordinary salted butter, bakers' bread and cake, canned soups and vegetables. No common table salt should be used on the food or in the cooking of it.

One of the chief difficulties in taking a salt-free diet is often a loss of appetite due to the lack of taste and its influence on the flavour of foods. A large number of salt substitutes are on the market, few of them of distinct value. Potassium chloride and potassium nitrate may be used as a salt substitute and have the added advantage of acting as a diuretic. From 3 to 5 grams a day may be taken.

### **The Acid-Base Balance**

With this the acidity of the urine should be reduced nearly to neutral. An excessively acid urine irritates the kidneys especially when they are already near the breaking point. In the restriction of proteins a great many of the acid ash foods are removed from the dietary. Meat, eggs, fish and cereals are the main groups of acid forming foods.

The diet in chronic nephritis should consist largely of fresh fruits, vegetables, whole grain cereals and milk. The fruits, and vegetables when taken in sufficient amounts shall neutralize the acid-forming cereals. Fruit juices are very useful and valuable for this purpose. Lemon juice can be used to flavour many other items of food, and thus can help to keep alkalinity in the patient's diet.

### **Food Restrictions for Avoiding Stone-formation**

There are, however, certain foods that have a tendency to form crystals of calcium oxalate. Because this substance is rather irritating, the following foods must be used sparingly : Spinach, asparagus, tomatoes, rhubarb and oranges. These, however, are the only particular restrictions which have to be exercised in the use of fruits and the vegetables.

Tea and coffee, as well as all alcoholic beverages, are irritating to the kidneys, and it would be wise to abstain from them



entirely. Milk or buttermilk, cottage cheese (dahi), and whole grain cereals or whole meal chapatis or bread will supply all the protein and starch the body needs.

### **Outline Diet for Chronic Kidney Disease**

We give here an outline of a diet that will prove helpful in arranging meals :—

#### ***Breakfast :***

It would be well to confine this meal to fruits alone. Fruit juice, fresh fruits, berries or melons in season, and stewed fruits are recommended. Two or more kinds of fruit can be eaten. If this does not quite satisfy the appetite, a small dish of some whole grain cereal (like dalia), and a glass of milk may be added to the menu.

#### ***Lunch :***

Whole wheat chapatis, cooked vegetables or vegetable soup, fresh vegetable or fruit salad, cottage cheese (dahi) and a glass of buttermilk (mathha).

#### ***Dinner :***

Whole wheat chapatis or bread, or whole wheat crackers, vegetable soup (optional), two or three cooked vegetables, large vegetable salad (using whatever greens the market affords), a glass of milk or buttermilk.

#### ***At bed time :***

One apple, half papaya, or any other medium sized fruit.

### **Karell Diet for Oedema**

If there is no oedema or dropsy, water may be given freely to satisfy the thirst. The water balance is allowed to adjust itself and make its own demands through thirst. If there is a slight amount of oedema only, there is no need for water restriction; but when oedema is severe, it is necessary to restrict the fluid intake from all sources to about a pint a day. At this time the whole diet must be changed so that the water intake be limited. This is kept up until the oedema lessens and then the restriction may be removed.

If the oedema is very severe, the Karell diet should be given for this condition, consisting of approximately 200 grams of milk



four times a day, at four hour intervals. This should be continued for at least four days, and the heart should be relieved of its strain through proper rest.

### **Fasting**

The subject would not be complete unless something be said about fasting. A fast gives a complete rest to the digestive organs and a partial rest to the liver as well as to the kidneys. Many people have aided their recovery from chronic nephritis by a prolonged fast of ten to thirty days. This sort of a fast, however, should only be adopted under the supervision of some one who thoroughly understands the procedure. Repeated short fasts of one, two or three days, though, can be safely undertaken without supervision. They will prove very beneficial. Even a complete abstinence from food for just one day out of each week will prove a big help to your liver and kidneys.

### **Epsom Salt Baths**

During this process of elimination of poisonous wastes, the skin—that is, the sweat glands of the skin—can assist the kidneys by taking over part of their burden. For this purpose sun baths and hot Epsom salt baths will be found very helpful. To take an Epsom salt bath, dissolve one and one-half pounds of Epsom salt in a tub of hot water. Now completely immerse the trunk, thighs and legs of your body in the water. Remain in this bath for fifteen to twenty minutes.

### **The Treatment in Brief**

Summarizing, the treatment of kidney disease should proceed along the following lines :

- (1) When the patient is first seen, it is necessary to approximate the severity of the injury to the kidneys by a thorough - going examination of the urine and other necessary tests. (See Appendix I.)
- (2) If uraemic poisoning and convulsions are present, the patient is kept in bed, warm blankets applied, hot packs given to promote sweating, water (preferably hot) is liberally supplied, and the heart taken care of and any convulsions present specially treated by the attending physician. (See page 14 to 17.)



(3) If severe oedema is present, the Karell diet, consisting of 200 c c. of milk four times a day, is given for four days.

(4) When the uraemic symptoms or the severe oedema has subsided, or if the patient is free of these complications, he is given a diet along the following principles (see diets which follow) :

- (a) Low protein value—30 grams daily at first and 50 grams later.
- (b) Minimum salt intake—never more than 4 grams in twenty-four hours.
- (c) Alkaline ash foods. The acid-base ratio should be balanced.
- (d) Liberal caloric value.
- (e) Liberal amounts of carbohydrates.
- (f) Liberal amounts of fats.
- (g) High residue for regulation of the bowels.
- (h) Normal meal periods.
- (i) Water according to thirst.

(5) Special attention should be paid to infections and local infections should be treated and removed.

(6) Plenty of rest to avoid overtaxing the heart. Preserve the heart's vigour by Nauheim baths and Schott and Oertal exercises. (For details of these baths and exercises, consult our other books *Baths* and *Practical Naturo-therapy*.)

(7) Adequate clothing at all times to protect against cold weather and the elements. Avoidance of exposure in inclement weather. Nestor Tirard recommends a broad flannel binder round the waist to be worn in every case.

### **Diet List for Patients of Renal-Vascular Disease**

#### **Breakfast :**

Fruits—oranges, grapefruit, pears, grapes, guavas, or other fresh or cooked fruits.

Cereals—only cooked cereals like dalia. Do not use prepared breakfast foods.



Bread—saltless bread, plain or toasted.

Butter—saltless.

Beverages—tea, coffee, with cream and sugar.

*Lunch and Supper :*

Bread and chapatis—chapatis of wholemeal, plain, tandoori or nahn; saltless breads, plain or toasted.

Soups—dhal soups, cream or mushroom soups.

Vegetables—any boiled vegetable, such as potatoes, sweet potatoes, lauki, parwal, tinda, pumpkin, carrots, turnips, beets, brinjal, cabbage, Brussels sprouts, green peas, squashes.

Salad—fresh fruit or vegetable.

Fruits—fresh or cooked.

Butter, ghee, oil—saltless butter, vanaspati, ghee, cream.

Mushrooms—cooked any style.

Beverages—tea, coffee, with cream and sugar; lemonade, orangeade, grape juice or any other fruit juice. Milk, buttermilk, skim milk.

Milk products—curd or cottage cheese, yoghurt, cream, khoa, rabri in limited amounts. Curdled milk.

**Observe—**

1. Avoid all meats, fish, eggs.
2. Avoid all ordinary baker's goods.
3. Avoid all canned foods.
4. Use only saltless butter.
5. Use only saltless bread and cakes.
6. Do not add salt to the food either before or after cooking.
7. Use lemonade and orangeade freely.
8. Dress warmly, comfortably.



**30-gram Protein, Salt-free Diets for Renal-Vascular Disease**

	1,500 Calories	1,800 Calories	2,200 Calories
Morning	Bread, 2 slices Butter, 2 teaspoons Orange, 1 (100 g.) Milk, 1/2 cup (120 g.) Sugar, 2 teaspoons	Oatmeal or Dalia 100 g. Butter or ghee 1 teaspoon Sugar, 6 teaspoons Milk, 1/2 cup (120 g.) Orange, 1 (large)	Cooked cereal (Dalia), 140 g. Bread (toast), 1 slice Butter, 1 teaspoon Sugar, 20 g. Lactose, 30 g. Cream, 60 g. Fruit juice, 1 glass (200 g.)
Noon	Chapatris, whole-meal, 2 Vegetables cooked : Potato 200 g. Squash, 100 g Turnip greens 30 g Salad— Carrot, 1 (100 g.) Radish, 1 (100 g.) Apple, 1 (200 g.) Egg, 1, or Dahi, 200 g. Butter, 2 teaspoons Sugar, 4 teaspoons	Chapatris of whole-meal, 3 Vegetables, cooked: Potatoes, 200 g. Parwal, 100 g. Cabbage, 60 g. Salad— Tomato, 1 (100 g.) Pear, 1 (100 g.) Pomegranate, 200 g. Egg 1, or Dahi 200 g. Butter, 4 teaspoons Sugar-6 teaspoons	Chapatris of whole-meal, 3 Kheer—Rice, 30g. Milk, 1 glass 200 g. Raita—Curd, 200 g. Banana, 1 (100 g.) Cooked vegetables: Potatoes 200 g. Cabbage 60 g. Green Peas 60 g. Salad—Sliced Orange, 200 g. Dates, 6 Butter, 2 teaspoons Sugar, 20 g. Lactose 80 g. Fruit-juice, 1 glass 200 g.
Night	Bread, 2 slices Butter, 2 teaspoons Green Peas(cooked) 100 g Salad— Banana, 1 (large) Orange, 1 (large) Sugar, 2 teaspoons Jelly, 3 table- spoons	Chapatris of whole-meal 3 Butter, 4 teaspoons Vegetables, cooked: Dried peas, 100 g. Potatoes, 100 g. Salad— Carrots, 2 (200 g.) Cucumber, 1 (200 g.) Melon or Cantaloupe; 200 g. Sugar, 6 teaspoons Jelly, 4 tablespoons	Chapatris (whole-meal), 3 Butter, 4 teaspoons Cream, 60 g. Vegetables, cooked Turnips, 100 g. Turnip greens, 60 g. Carrots, 100 g. Salad— Pears, 100 g. Guavas. 200 g. Sugar, 20 g. Lactose, 30 g. Milk 1/2 cup (120 g.)



**60-gram Protein Salt-free Diets for Renal-Vascular Disease**

	1,800 Calories	2,200 Calories	2,600 Calories
Morn- ing	Bread, 1 slice Butter, 1 teaspoon Cream, 60 g. Apple, 1 (large) Milk, 1 glass (200 g.) Sugar, 2 teaspoons	Papaya, ripe 100 g Cooked cereal (Dalia), 140 g. Milk, 1 glass (200 g) Sugar, 1 tablespoon Cream, 60 g. Bread, 1 slice Butter, 2 teaspoons Jam, 3 tablespoons	Bread (toast), 1 slice Butter, 2 teaspoons Cooked cereal (dalia), 140 g. Milk, 1 glass (200 g.) Sugar, 1 table- spoon Cream, 60 g. Banana, 1 (large)
Noon	Chapatis whole- meal, 2 Cooked vegetables: Potato, 100 g. Green peas, 100 g. Raita— Curd, 200 g. Banana, 1 (large) Sugar, 4 teaspoons Salad— Tomato, 1 Cucumber, 1 Butter, 2 teaspoons Walnuts, 60 g.	Chapatis of whole- meal, 3 Cooked vegetables: Potatoes, 100 g. Eggplant, 100 g. Curd, 200 g. Salad— Radish, 50 g. Cucumber, 50 g. Raspberry, 100 g. Butter, 4 teaspoons Sugar, 4 teaspoons	Chapatis of whole- meal, 3 Cooked vegetables: Potatoes, 75 g. Ladies, fingers, 100 g. Raita— Curd, 200 g. Pumpkin, 100 g. Sugar, 4 teaspoons Salad— Carrot, 100 g. Orange, 1 Apple, 1 (large) Fruit juice, 1 glass (200 g.)
Night	Chapatis, whole- meal, 2 Cooked vegetables Potatoes, 100 g. Parwal, 100 g. Butter, 4 teapoons Salad— Orange, 1 Papaya, ripe, 1/2 Milk, 1 glass (200 g) Sugar, 2 teaspoons Jelly, 4 tablespoons	Chapatis, whole- meal, 3 Cooked vegetables Potatoes, 100 g. Cabbage, 100 g. Salad— Strawberry 100 g. Orange, 1 (Sliced) Butter, 4 teaspoons Apple, 1 (large) Milk, 1 glass (200 g.) Sugar, 4 teaspoons	Chapatis of whole- meal, 2 Rice 50 g. Vegetable Soup of Lobiya- 100 g. Whole gram 100 g. Cooked vegetables Potato, 100 g. Tomato, 60 g. Salad— Pear 100 g. Ripe papita 100 g. Butter, 4 teaspoons Milk, 1 glass (200 g.) Sugar-4 teaspoons Dates, 6



### **In Conclusion**

Observance of the rules of diet and the natural and hygienic regimen as suggested shall prevent kidney disease from ever beginning. But if you do get kidney disease, it is nothing to get into a panic about, as a little knowledge and understanding of the kidneys and their functions will show you. Excessive irritation and overwork have caused the kidneys to weaken, and have brought about the present condition. And the simple and sensible proper way to correct this condition, and to save what is left of the kidneys, and also to heal and rebuild the tissues which have degenerated, is to stop the irritation and relieve the kidneys of as much work as possible by adopting the easy-to-follow methods described in this booklet. Remember that kidney disease can always be cured.



## APPENDIX I

### Laboratory Data for Nephritis

Routine urine and blood studies as required in a complete medical examination :

#### A.—Urine Analysis

Volume : variable; reduced in acute stages; greater increase above normal shown at night than during the day in chronic type.

Reaction—increased acidity.

Protein—slight to large amounts.

Specific gravity—variable; lowered with decreased renal function.

Microscopic examination—cells, casts, or bacteria may be present.

Phenolsulphonaphthalein test—to show impairment of kidney function.

Urea or other clearance tests—to show degree of renal impairment.

#### B.— Blood

Erythrocyte count and haemoglobin—anaemia often present.

Retention of end products of protein metabolism, shown by increased non-protein nitrogen and urea.

Chlorides—increased in some types of nephritis.

Total protein and albumin-globulin ratio—Total protein may be low, and albumin-globulin ratio reversed.



## APPENDIX II

# List of Foods with Low Sodium and Low Protein Content

<i>Cereals</i>	<i>Vegetables (contd.)</i>	<i>Fruits contd.)</i>
Rice	Yam (ratalu)	Figs, fresh
Rice flakes (chidwa)	Yam, wild	Figs, dried
Whole wheat flour	Bitter gourd	Grapes
White flour	Brinjal	Grape juice
Samai (kutki)	Lauki	Grapefruit
Suji	Cucumber	Guavas
Vermicelli	Bakla	Jamun
Kangni	Green papaya	Lemon
Kodon, kodra	Ladies fingers	Lemon juice
Bajra	Leeks	Mango, ripe
	Amla	Muskmelon
	Parwal	Watermelon
<i>Pulses and Legumes</i>	Peas (matar)	Cantaloupe (Phoot)
Bengal gram (chana)	Plantain, green	Orange
Lobiya	Pumpkin (kaddu)	Orange juice
Green gram dhal	Ridge gourd (torai)	Papaya, ripe
Koolthi	Snake gourd	Peaches (aru)
Moth beans	(chichenda)	Pears
Dried peas		Avocado pears
Roasted peas		Phalsa
Soya bean		Pomegranate
	<i>Nuts</i>	Prunes
	Almonds	Sapota, chikoo
	Coconut	Raspberry
	Groundnut, roasted	Strawberry
	Walnut	Tangerine
		Tomato
		Vilayati, lahsun
<i>Vegetables</i>		
Asparagus		
Brussels sprouts		
Cabbage		
Endive		
Parsley		
Carrots		
Colocasia		
Onion		
Potato		
Radish, white		
Sweet Potato		
Tapioca chips, dried		
Turnip greens		
	<i>Fruits</i>	
	Apple	
	Apple juice	
	Apricot, fresh	
	Apricot, dried	
	Banana	
	Blackberry	
	Rasbhari	
	Red cherries	
	Black currants	
	Dates, dried	
		<i>Miscellaneous</i>
		Butter, saltless
		Milk
		Curd (dahi)
		Honey
		Mutton (muscle)
		Tortoise (muscle)
		Mushroom



## APPENDIX III

**List of Foods with High Sodium Content**

( To be avoided by sufferers from Kidney disease )

*Cereals*

Maize, tender (bhutta)  
Puffed rice (lai)  
Cornflakes

*Pulses*

Bengal gram dhal  
Bhatwans  
Lentil (Masoor)  
Redgram dhal (Arhar)

*Leafy Vegetables*

Chaulaee  
Beet greens  
Dandelion greens  
Fenugreek  
Fennel greens  
Lettuce leaves  
Neem leaves  
Safflower leaves  
Spinach  
Watercress

*Roots & Tubers*

Beet root  
Radish, pink  
Turnip

*Other Vegetables*

Artichokes  
Bakla  
Cauliflower  
Celery stalks  
Jackfruit seeds  
Knol-khol  
Mango, green  
Redgram, tender  
Tomato, green

*Nuts*

Coconut, dry  
Peanut butter

*Condiments*

Coriander  
Cumin seeds  
Onion

*Fruits*

Jack fruit  
Litchis  
Olives, green  
Pineapple, fresh  
Raisins

*Fishes*

Bhetki  
Fish flour  
Fish meal  
Hilsa  
Katla  
Koi  
Lobster  
Magur  
Prawn (muscle)  
Rohu  
Singhi  
Tunny

*Flesh Foods*

Beef muscle  
Duck  
Eggs  
Liver, sheep  
Venison

*Milk Products*

Cheese (hard)  
Whole milk powder  
Skin milk powder

*Miscellaneous*

Deoiled coconut meal  
Lotus stem, dry  
Sauerkraut



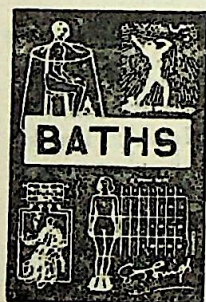
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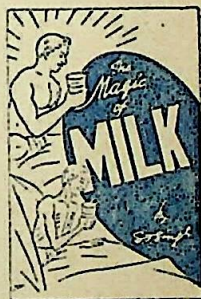
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